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HOMEOWNERS APPLICATION

HO-3 \_\_\_\_\_ HO-4 \_\_\_\_\_

NAME OF INSURED: \_\_\_\_\_

PHONE# \_\_\_\_\_

LOCATION TO BE INSURED: \_\_\_\_\_

PREVIOUS ADDRESS FOR NEW PURCHASE: \_\_\_\_\_

INSURED'S EMAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY# \_\_\_\_\_

IF NAMED INSURED IS A CORPORATION, WE WILL NEED SS# & D.O.B. OF PERSON BEHIND THE CORPORATION.

YEAR BUILT: \_\_\_\_\_ NUMBER OF FAMILIES: \_\_\_\_\_

CONSTRUCTION: \_\_\_\_\_ FRAME: \_\_\_\_\_ MARONRY: \_\_\_\_\_

SQUARE FOOTAGE: \_\_\_\_\_ HOW MANY STORIES: \_\_\_\_\_

PREVIOUS CARRIER: \_\_\_\_\_

POLICY: \_\_\_\_\_ EFFECTIVE DATES: \_\_\_\_\_

IS THIS A NEW PURCHASE: YES \_\_\_\_\_ NO \_\_\_\_\_

ANY LOSSES: YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES EXPLAIN WHAT TYPE OF LOSS: \_\_\_\_\_

HOW MUCH WAS PAID: \_\_\_\_\_ IS CLAIM NOW CLOSED: \_\_\_\_\_

DWELLING AMOUNT REQUESTED: \_\_\_\_\_

DEDUCTIBLE: \_\_\_\_\_ LIABILITY: \_\_\_\_\_

ANY SWIMMING POOLS: \_\_\_\_\_ IF YES, IS IT FENCED: \_\_\_\_\_

ANY FIREPLACES: \_\_\_\_\_ HOW MANY CAR GARAGE: \_\_\_\_\_

TYPE OF ROOF: \_\_\_\_\_ ENCLOSED PORCHES: \_\_\_\_\_

ANY PETS: YES \_\_\_\_\_ NO \_\_\_\_\_ TYPE: \_\_\_\_\_

UPDATES: WIRING \_\_\_\_\_ PLUMBING \_\_\_\_\_ HEATING \_\_\_\_\_ ROOF \_\_\_\_\_

NAME OF PERSON SUBMITTING APPLICATION: \_\_\_\_\_

TELEPHONE# \_\_\_\_\_ FAX# \_\_\_\_\_